

# **Appendix B**



# INITIAL REGISTRATION STATEMENT

## EXECUTIVE AGENCY LOBBYIST/EMPLOYER/REAL PARTY IN INTEREST

**ATTENTION FORMER EXECUTIVE BRANCH EMPLOYEES:** KRS 11A.040(8) prohibits you for one (1) year from the date you leave state employment from lobbying on matters in which you had direct involvement during the last thirty-six (36) months of your state employment.

*This statement must be filed with the Executive Branch Ethics Commission within ten (10) days of engagement. Please read instructions and review Kentucky Revised Statutes 11A.211 prior to filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.*

### A. Executive Agency Lobbyist Information

1. Full Name \_\_\_\_\_
2. Occupation \_\_\_\_\_ 3. Title \_\_\_\_\_
4. Firm Name \_\_\_\_\_
5. Business Address \_\_\_\_\_  
\_\_\_\_\_
6. Business Telephone (\_\_\_\_\_) \_\_\_\_\_ 7. FAX No. \_\_\_\_\_
8. E-Mail Address \_\_\_\_\_ 9. Cell/Mobile Telephone (\_\_\_\_\_) \_\_\_\_\_
10. Permanent Residential Address \_\_\_\_\_
11. Date of Engagement as Executive Agency Lobbyist with this Employer \_\_\_\_\_

### B. Employer Information

1. Full name of company/organization \_\_\_\_\_
2. Type of Industry \_\_\_\_\_
3. Business Address \_\_\_\_\_  
\_\_\_\_\_
4. Employer Contact: Name and title of person responsible for completing the *Updated Registration Statement/Employer of Executive Agency Lobbyist* (each Employer should name one person as a contact).  
  
Name \_\_\_\_\_ Title \_\_\_\_\_  
  
\_\_\_\_\_  
*Address (if different from Employer above)*  
  
Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### C. Real Party in Interest Information

1. Full name of company/organization \_\_\_\_\_
2. Type of Industry \_\_\_\_\_
3. Business Address \_\_\_\_\_

4. Name and title of person to whom Updated Registration Statement/Real Party in Interest should be sent for completion (each Real Party in Interest should name one person as a contact).

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
*Address (if different from Real Party in Interest above)*

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

(If none, check here [    ] )

### D. Brief description of the Executive Agency Decision(s) to which Executive Agency Lobbyist's engagement relates: (DO NOT LEAVE BLANK)

\_\_\_\_\_  
\_\_\_\_\_

### E. Listing of Executive Branch Agencies to which engagement relates: Please check all agencies you anticipate contacting in your capacity as an executive agency lobbyist for the employer listed on this form.

#### CONSTITUTIONAL AGENCIES/ELECTED OFFICIALS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Agricultural Development Board  | <input type="checkbox"/> Governor's Office for Local Development | <input type="checkbox"/> Registry of Election Finance     |
| <input type="checkbox"/> Agriculture, Department Of      | <input type="checkbox"/> Kentucky Commission on Human Rights     | <input type="checkbox"/> Secretary of State               |
| <input type="checkbox"/> Attorney General, Office of the | <input type="checkbox"/> Kentucky Commission on Military Affairs | <input type="checkbox"/> State Board of Agriculture       |
| <input type="checkbox"/> Auditor of Public Accounts      | <input type="checkbox"/> Kentucky Commission on Women            | <input type="checkbox"/> State Budget Director, Office of |
| <input type="checkbox"/> Elections, Board of             | <input type="checkbox"/> Lieutenant Governor, Office of the      | <input type="checkbox"/> State Treasurer                  |
| <input type="checkbox"/> Governor, Office of the         | <input type="checkbox"/> Military Affairs, Department of         | <input type="checkbox"/> Veterans' Affairs, Department of |

#### COMMERCE CABINET

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> African-American Heritage Commission, Kentucky | <input type="checkbox"/> Fish and Wildlife Resources, Kentucky  | <input type="checkbox"/> Native-American Heritage Commission                |
| <input type="checkbox"/> Artisans Center at Berea, Kentucky             | <input type="checkbox"/> Foundation for the Arts, Kentucky      | <input type="checkbox"/> Public Affairs and Constituent Services, Office of |
| <input type="checkbox"/> Arts Council, Kentucky                         | <input type="checkbox"/> Heritage Council, Kentucky             | <input type="checkbox"/> Parks, Kentucky Department of                      |
| <input type="checkbox"/> Capital Plaza Operations, Office of            | <input type="checkbox"/> Historical Society, Kentucky           | <input type="checkbox"/> Purchase and Procurement, Office of                |
| <input type="checkbox"/> Center for the Arts, Kentucky                  | <input type="checkbox"/> Horse Park, Kentucky                   | <input type="checkbox"/> Secretary, Office of the                           |
| <input type="checkbox"/> Coal Council, Kentucky                         | <input type="checkbox"/> Human Resources, Office of             | <input type="checkbox"/> State Fair Board, Kentucky                         |
| <input type="checkbox"/> Coal Marketing and Export                      | <input type="checkbox"/> Humanities Council, Kentucky           | <input type="checkbox"/> State Parks Commission                             |
| <input type="checkbox"/> Commission on Small Business Advocacy          | <input type="checkbox"/> Information Technology, Office of      | <input type="checkbox"/> Tourism, Department of                             |
| <input type="checkbox"/> Craft Marketing Program, Kentucky              | <input type="checkbox"/> Intergovernmental Affairs, Office of   | <input type="checkbox"/> Tourism Development Finance Authority              |
| <input type="checkbox"/> Creative Services, Office of                   | <input type="checkbox"/> Legal Affairs, Office of               | <input type="checkbox"/> Underground Railroad Advisory Council              |
| <input type="checkbox"/> Finance and Administration, Office of          | <input type="checkbox"/> Military Heritage Commission, Kentucky |   |

#### ECONOMIC DEVELOPMENT CABINET

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bluegrass State Skills Corporation            | <input type="checkbox"/> Innovation and Commercialization for a, Knowledge Based Economy, Department of | <input type="checkbox"/> New Business Development, Department for |
| <input type="checkbox"/> Existing Business Development, Department for | <input type="checkbox"/> Kentucky Economic Development Partnership                                      | <input type="checkbox"/> Regional Development, Department for     |
| <input type="checkbox"/> Financial Incentives, Department for          |   | <input type="checkbox"/> Secretary, Office of the                 |

## EDUCATION CABINET

- ☐ Adult Education, Foundation for
- ☐ Blind State Rehabilitation Council, Department for the
- ☐ Blind, Office for the
- ☐ Budget and Administration, Office of
- ☐ Career and Technical Education, Office of
- ☐ Center for School Safety, Board for the
- ☐ Client Assistance Program
- ☐ Communication, Office of
- ☐ Council on Postsecondary Education
- ☐ Deaf and Hard of Hearing, Kentucky Commission on the
- ☐ Early Childhood Business Council
- ☐ Early Childhood Development Authority
- ☐ Early Childhood Professional Development Council
- ☐ Early Intervention System Interagency Coordinating Council
- ☐ Education Professional Standards Board
- ☐ Education, Department of
- ☐ Education, Kentucky Board of
- ☐ Employment and Training, Office of
- ☐ Environmental Education Council, Kentucky
- ☐ Governor's Scholars Program
- ☐ Kentucky Education Television
- ☐ Legal Services, Office of
- ☐ Legislative and Intergovernmental Affairs, Office of
- ☐ Libraries and Archives, Department of
- ☐ Martin Luther King Commission
- ☐ Secretary, Office of the
- ☐ Statewide Council for Vocational Rehabilitation
- ☐ Statewide Independent Living Council
- ☐ Technical Education Personnel Board, Kentucky
- ☐ Unemployment Insurance Commission
- ☐ Vocational Rehabilitation, Office of
- ☐ Workforce Development, Foundation for
- ☐ Workforce Investment Board, Kentucky
- ☐ Workforce Investment, Department of

## ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

- ☐ Alcoholic Beverage Control, Office of
- ☐ Apprenticeship and Training Council
- ☐ Athletic Commission, Kentucky
- ☐ Charitable Gaming, Office of
- ☐ Claims, Board of
- ☐ Crime Victims Compensation Board
- ☐ Employers Insurance Association, Kentucky
- ☐ Employers Mutual Insurance Authority
- ☐ Environmental Protection, Department for
- ☐ Environmental Quality Commission, Kentucky
- ☐ Financial Institutions, Office of
- ☐ Horse Racing Authority, Kentucky
- ☐ Housing, Buildings and Construction Board
- ☐ Housing, Buildings and Construction, Office of
- ☐ Insurance, Office of
- ☐ Labor Management Relations and Mediation, Office of
- ☐ Labor, Department of
- ☐ Labor-Management Advisory Council
- ☐ Mine Safety and Licensing, Office of
- ☐ Mine Safety Review Commission
- ☐ Mobile Home Board and RV Board
- ☐ Natural Resources, Department for
- ☐ Nature Preserves Commission, Kentucky State
- ☐ Occupational Safety and Health Review Commission, Kentucky
- ☐ Occupational Safety and Health Standards Board
- ☐ Occupational Safety and Health, Office of
- ☐ Oil and Gas Commission
- ☐ Prevailing Wage Review Board
- ☐ Public Protection, Department for
- ☐ Public Service Commission, Kentucky
- ☐ Secretary, Office of the
- ☐ State Labor Relations Board
- ☐ Tax Appeals, Board of
- ☐ Technical and Administrative Support, Office of
- ☐ Workers Claims, Office of
- ☐ Workers Compensation Advisory Council
- ☐ Workers Compensation Board
- ☐ Workers Compensation Funding Commission
- ☐ Workers Compensation Nominating Commission
- ☐ Workplace Standards, Office of

## FINANCE AND ADMINISTRATION CABINET

- ☐ Administrative Services, Office of
- ☐ Commonwealth Office of Technology
- ☐ Controller, Office of the
- ☐ Facilities Management, Department for
- ☐ Financial Management, Office of
- ☐ General Counsel, Office of
- ☐ Kentucky Higher Education Assistance Authority
- ☐ Kentucky Higher Education Student Loan Corporation
- ☐ Kentucky Housing Corporation
- ☐ Kentucky River Authority
- ☐ Local Correctional Facilities Construction Authority
- ☐ Lottery Corporation, Kentucky
- ☐ Material and Procurement Services, Office of
- ☐ Public Information, Office of
- ☐ PVA Office
- ☐ Retirement Systems, Kentucky
- ☐ Revenue, Department of
- ☐ School Facilities Construction Commission
- ☐ Secretary, Office of the
- ☐ State Investment Commission
- ☐ State Property and Buildings Commission
- ☐ Teachers' Retirement System Board of Trustees, Kentucky
- ☐ Turnpike Authority of Kentucky

## HEALTH AND FAMILY SERVICES CABINET

- ☐ Certificate of Need, Office of
- ☐ Children with Special Health Care Needs, Commission for
- ☐ Community Based Services, Department for
- ☐ Community Volunteerism and Service, Kentucky Commission on
- ☐ Disability Determination Services, Department for
- ☐ Human Services
- ☐ Human Support Services, Department for
- ☐ Medicaid Services, Department for
- ☐ Mental Health and Mental Retardation Services, Department for
- ☐ Ombudsman, Office of
- ☐ Public Health, Department for
- ☐ Secretary, Office of the

## JUSTICE AND PUBLIC SAFETY CABINET

- ☐ Community Services and Facilities, Office of
- ☐ Corrections Commission, Kentucky State
- ☐ Corrections, Department of
- ☐ Criminal Justice Council
- ☐ Criminal Justice Training, Department of
- ☐ Drug Control Policy, Office of
- ☐ Homeland Security, Office of
- ☐ Investigations, Office of
- ☐ Juvenile Justice, Department of
- ☐ Kentucky State Police, Department of
- ☐ Kentucky Vehicle Enforcement, Department of
- ☐ Legal Services, Office of
- ☐ Legislative and Intergovernmental Services, Office of
- ☐ Management and Administrative Services, Office of
- ☐ Parole Board
- ☐ Public Advocacy, Department for
- ☐ Public Safety Training, Office of
- ☐ Secretary, Office of the
- ☐ State Medical Examiner, Office of the

## PERSONNEL CABINET

☐ Administrative and Legal Services, Office of  
☐ Employee Insurance, Department for  
☐ Employee Relations, Office for

☐ Government Training, Office of  
☐ Kentucky Public Employees Deferred  
Compensation Authority

☐ Personnel Administration, Department for  
☐ Office of the Secretary

## TRANSPORTATION CABINET

☐ Administrative Services, Department of  
☐ Aviation, Department of

☐ Highways, Department of  
☐ Kentucky Airport Zoning Commission

☐ Office of the Secretary  
☐ Vehicle Regulation, Department of

## GENERAL GOVERNMENT / BOARDS AND COMMISSIONS

☐ Accountancy, Board of  
☐ Alcohol and Drug Counselors, Board of  
☐ Auctioneers, Board of  
☐ Barbering, Board of  
☐ Chiropractic Examiners, Board of  
☐ Dentistry, Board of  
☐ Dieticians and Nutritionists, Board of Certification for  
☐ Embalmers and Funeral Directors, Board of  
☐ Emergency Medical Services, Board of  
☐ Examiners and Registration of Architects, Board of  
☐ Executive Branch Ethics Commission  
☐ Fee-Based Pastoral Counselors, Board of  
☐ Hairdressers and Cosmetologists, Board of  
☐ Hearing Instruments, Board of Specialists  
☐ Heating, Ventilation and Air Conditioning Contractors,  
Board of  
☐ Interpreters for the Deaf and Hard of Hearing, Board of

☐ Landscape Architects, Board of  
Examiners and Registration of  
☐ Marriage and Family Therapists, Board of  
Certification of  
☐ Massage Therapy, Board of Licensure for  
☐ Medical Licensure, Board of  
☐ Nursing Home Administrators, Board  
of Licensure for  
☐ Nursing, Board of  
☐ Occupational Therapy, Board of Licensure for  
☐ Ophthalmic Dispensers, Board of  
☐ Optometric Examiners, Board of  
☐ Personnel Board  
☐ Pharmacy, Board of  
☐ Physical Therapy, Board of  
☐ Podiatry, Board of

☐ Private Investigators, Board of Licensure for  
☐ Professional Art Therapists, Board of  
Certification for  
☐ Professional Counselors, Board of  
☐ Professional Engineers and Land Surveyors,  
Board of Licensure for  
☐ Professional Geologists, Board of  
Registration for  
☐ Psychology, Board of Examiners of  
☐ Real Estate Appraisers, Board of  
☐ Real Estate Commission  
☐ Respiratory Care, Board of  
☐ Social Work, Board of  
☐ Speech-Language Pathology and  
Audiology, Board of  
☐ Veterinary Examiners, Board of

**I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION GIVEN IN THIS INITIAL  
REGISTRATION STATEMENT IS COMPLETE AND ACCURATE.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Executive Agency Lobbyist)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Employer Contact)

\_\_\_\_\_  
Please type name and title of person signing for Employer

After completing, submit your Initial Registration Statement to the address below:

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Vest-Lindsey House, 401 Wapping Street  
Frankfort, Kentucky 40601  
(502) 564-7954 FAX (502) 564-2686

## UPDATED REGISTRATION STATEMENT EXECUTIVE AGENCY LOBBYIST

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Vest-Lindsey House, 401 Wapping Street  
Frankfort, Kentucky 40601  
(502) 564-7954 FAX (502) 564-2686

*This statement must be filed with the Executive Branch Ethics Commission by the last day of July. Please read instructions and review KRS 11A.211, 11A.216 and 11A.221 prior to filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.*

### A. GENERAL INFORMATION

1. Full Name of Executive Agency Lobbyist \_\_\_\_\_

Executive Agency Lobbyist # \_\_\_\_\_

Name of Employer(s) \_\_\_\_\_

2. Based on your Initial Registration Statement or last Updated Registration Statement, state any changes in:

Occupation: \_\_\_\_\_ or Title \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Telephone

Residential Address: \_\_\_\_\_

Street

Suite #

City

State

Zip Code

E-Mail Address: \_\_\_\_\_ FAX \_\_\_\_\_

(If no changes, check here [ ] )

3. Type of Report:

[ ] Regular Update Statement for the period July 1 – June 30, 20\_\_\_\_\_. (due July 31)

[ ] Amended Statement for the period of: \_\_\_\_\_.

[ ] Final Update Statement for the period July 1 – TERMINATION.

4. **Terminations:** Do you continue to represent the Employer(s) listed on this form as an executive agency lobbyist?

☐ Yes

☐ No

If no, please list all Employers by whom you are no longer engaged and the date of termination:

**EMPLOYER NAME**

**Date of Termination**

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5. Based on your Initial Registration Statement or last Updated Registration Statement, state any additions or deletions of Real Party(ies) in Interest:

NAME OF REAL PARTY IN INTEREST	BUSINESS ADDRESS	EMPLOYER	DATE OF ADDITION	DATE OF DELETION

(If no changes, check here ☐)

**Instructions for Completing Section B and Section C**

If you represent more than one employer, you must complete the following page (Section B and C) for each employer you represent. Copy the following page of the Updated Registration Statement, Executive Agency Lobbyist for each employer and complete the information in Section B and Section C of each copy as it relates to each of your employers. Attach the additional copies to the Updated Registration Statement.



EMPLOYER: \_\_\_\_\_ EAL NAME & NUMBER: \_\_\_\_\_

**B. EXECUTIVE AGENCY DECISIONS**

1. List the specific agency decisions you sought to influence for this Employer during this reporting period:  
(Attach additional sheet if necessary)

\_\_\_\_\_

(If none, check here [ ☐ ])

2. Since your Initial Registration Statement or last Updated Registration, describe any additional types of executive agency decisions to which this engagement relates:

\_\_\_\_\_

\_\_\_\_\_

(If no changes, check here [ ☐ ])

3. State any additions to or deletions from the list of elected executive officials, departments or agencies for which you will be influencing agency decisions for this named Employer:

\_\_\_\_\_

\_\_\_\_\_

(If no changes, check here [ ☐ ])

**C. EXECUTIVE AGENCY LOBBYIST EXPENDITURES STATEMENT**

During this reporting period, if you made expenditures to, or for the benefit of, an elected executive official, any Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or a member of the staff of any of these officials who works for a state agency for which you are registered to influence, provide the following information regarding such expenditures:

Name of Official, Employee or Staff Member of Official	Describe type of Expenditure (Transportation, Lodging, or Meals, etc.) and provide a description of each Meeting, Event or Occasion to which the Expenditure pertains.	Date of Expenditure	Amount of Expenditure
			\$
			\$
			\$
		TOTAL	\$

(If none, check here [ ☐ ])

Any Executive Agency Lobbyist who is required to complete Section C shall deliver a copy of the expenditure statement, or the portion showing the expenditures, to the person identified as receiving the benefit of the expenditure, at least ten (10) days before this statement is filed. If a dispute arises, the disputed expenditure does not have to be reported until a final decision by the Commission.

#### **D. FINANCIAL TRANSACTIONS INVOLVING EXECUTIVE AGENCY LOBBYIST**

If you, or a member of your immediate family, had, during the reporting period, a financial transaction, with or for the benefit of, an elected executive official, the secretary of a cabinet listed in KRS 12.250, an executive agency official, or any member of the staff of any of these officials above, provide the following information regarding such financial transaction.

1. Name of official, employee or staff member: \_\_\_\_\_
2. Brief description of the purpose and nature of the transaction:

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3. Date transaction was made or entered into: \_\_\_\_\_
4. Other pertinent details:

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(Attach sheet for each additional official, employee, or staff member.)

**(If none, check here [ ] )**

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Any Executive Agency Lobbyist who is required to complete Section D shall deliver a copy of the financial transaction statement to the person identified in Section D above at least ten (10) days before this statement is filed. If a dispute arises, the disputed financial transaction does not have to be reported until a final decision by the Commission.

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**CERTIFICATION: I certify that the information contained in the registration statement is complete and accurate.**

\_\_\_\_\_  
Signature of Executive Agency Lobbyist

\_\_\_\_\_  
Date

## UPDATED REGISTRATION STATEMENT EMPLOYER OF EXECUTIVE AGENCY LOBBYIST

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Vest-Lindsey House, 401 Wapping Street  
Frankfort, Kentucky 40601  
(502) 564-7954 FAX (502) 564-2686

*This statement and a \$125 registration fee must be filed with the Executive Branch Ethics Commission by the last day of July. Please read instructions and review KRS 11A.211, 11A.216, and 11A.221 prior to filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. **ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.***

### A. GENERAL INFORMATION

1. Full Name of Employer: \_\_\_\_\_
2. Based on your Initial Registration Statement or last Updated Registration Statement, state any changes in :

Employer's Name: \_\_\_\_\_

Employer's Contact: \_\_\_\_\_

Employer's Business Address:

\_\_\_\_\_  
*Street* *Suite #*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Telephone* *Fax No.* *E-Mail Address*

3. Type of Report:  
☐ Regular Update Report for the period July 1 - June 30, 20 \_\_\_\_\_ (due July 31)  
☐ Amended Statement for the period of: \_\_\_\_\_  
☐ Final Update Statement for the period July 1 – TERMINATION.

4. Provide the full name of all Executive Agency Lobbyists who were registered to represent the employer at any time during the reporting period. **DO NOT LEAVE THIS SECTION BLANK.**

Name of Executive Agency Lobbyist	Lobbyist Registration #

(Attach additional sheet if necessary)

5. If the Employer terminated the engagement of any Executive Agency Lobbyist or engaged a new Executive Agency Lobbyist at any time during this reporting period, state the name of the Executive Agency Lobbyist and the date on which the termination or engagement occurred:

Name of Executive Agency Lobbyist	Termination Date	Engagement Date	Registration # (if known)

6. Based on your Initial Registration Statement or last Updated Registration Statement, state any additions or deletions of Real Party(ies) in Interest (attach additional sheet if necessary):

Name of Real Party In Interest	Business Address	Date of Addition	Date of Deletion

(If no changes, check here [ ☐ ])

## B. EXECUTIVE AGENCY DECISIONS

List the specific executive agency decisions which Executive Agency Lobbyists engaged by the Employer sought to influence, during this reporting period

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## C. EMPLOYER EXPENDITURES STATEMENT

During this reporting period, if the Employer made expenditures to, or for the benefit of, an elected executive official, any Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or a member of the staff of any of these officials who works for a state agency for which the Employer is registered to influence, and such expenditures were not reported by an Executive Agency Lobbyist, provide the following information regarding such expenditures:

(Attach additional sheet if necessary)

Name of Official,Employee or Staff Member of Official	Describe type of Expenditure (Transportation, Lodging, or Meals, etc.) and provide a description of each Meeting, Event or Occasion to which the Expenditure pertains.	Date of Expenditure	Amount of Expenditure
			\$
			\$
			\$
			\$
		<b>TOTAL</b>	\$

(If none, check here [ ☐ ])

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Any Employer of an Executive Agency Lobbyist who is required to complete Section C shall deliver a copy of the expenditure statement, or the portion showing the expenditures, to the person identified as receiving the benefit of the expenditure, at least ten (10) days before this statement is filed. If a dispute arises, the disputed expenditure does not have to be reported until a final decision by the Commission.

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#### **D. FINANCIAL TRANSACTIONS INVOLVING EMPLOYER OF EXECUTIVE AGENCY LOBBYIST**

If the Employer, or a member of the Employer's immediate family, had, during the reporting period, a financial transaction with, or for the benefit of, an elected executive official, the Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or any member of the staff of any of the officials above, and such financial transaction is not reported by an Executive Agency Lobbyist, provide the following information regarding such financial transaction:

1. Name of official, employee or staff member: \_\_\_\_\_
2. Brief description of the purpose and nature of the transaction: \_\_\_\_\_  
\_\_\_\_\_
3. Date transaction made or entered into: \_\_\_\_\_
4. Other pertinent details: \_\_\_\_\_  
\_\_\_\_\_

(Attach sheet for each additional official, employee, or staff member.)

(If none, check here ☐)

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Any Employer of an Executive Agency Lobbyist who is required to disclose a financial transaction described in Section D shall deliver a copy of the financial transaction statement to the person identified in Section D above, at least ten (10) days before this statement is filed. If a dispute arises, the disputed financial transaction does not have to be reported until a final decision by the Commission.

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#### **E. REGISTRATION FEE**

**Each employer of one or more executive agency lobbyists shall pay a registration fee of \$125.00 with the filing of the Updated Registration Statement for this reporting period pursuant to KRS 11A. 211(5). Failure to submit the \$125 registration fee will constitute a deficiency in the filing of an updated registration statement and will subject you to penalties outlined in KRS 11A.990(5).**

**CERTIFICATION:** I certify that the information contained in the registration statement is complete and accurate.

BY: \_\_\_\_\_  
*Signature of Employer Contact* *Date*

\_\_\_\_\_  
*Type or print name and title of person signing for Employer*

## UPDATED REGISTRATION STATEMENT *REAL PARTY IN INTEREST*

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Vest-Lindsey House, 401 Wapping Street  
Frankfort, Kentucky 40601  
(502) 564-7954 FAX (502) 564-2686

*This statement and a \$125 registration fee must be filed with the Executive Branch Ethics Commission by the last day of July. Please read instructions and review KRS 11A.211, 11A.216, and 11A.221 prior to filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. **ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.***

### A. GENERAL INFORMATION

1. Full Name of Real Party in Interest: \_\_\_\_\_
  
2. Based on your Initial Registration Statement or last Updated Registration Statement, state any changes in :

Real Party in Interest Name: \_\_\_\_\_

Real Party in Interest Business Address, Telephone, E-mail, Contact:

<i>Street</i>		<i>Suite #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Telephone</i>	<i>E-mail</i>	<i>Contact</i>

3. Type of Report:

☐ Regular Update Report for the period July 1 through June 30, 20 \_\_\_\_ (due July 31)

☐ Amended Statement for the period of: \_\_\_\_\_

☐ Final Update Statement for the period July 1 – TERMINATION.

4. Provide the full name of all Executive Agency Lobbyists who were registered to act on behalf of the Real Party in Interest during this reporting period: **DO NOT LEAVE BLANK.**

Name of Executive Agency Lobbyist	Lobbyist Registration #

*(Attach additional sheet if necessary)*

5. If the Real Party in Interest terminated the engagement of any Executive Agency Lobbyist or engaged a new Executive Agency Lobbyist at any time during this reporting period, state the name of the Executive Agency Lobbyist and the date on which the termination or engagement occurred:

Name of Executive Agency Lobbyist	Termination Date	Engagement Date	Registration # (if known)



## B. EXECUTIVE AGENCY DECISIONS

1. List the specific executive agency decisions which Executive Agency Lobbyists engaged by the Real Party in Interest sought to influence, during this reporting period:

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## C. REAL PARTY IN INTEREST EXPENDITURES STATEMENT

During this reporting period, if the Real Party in Interest made expenditures to, or for the benefit of, an elected executive official, any Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or a member of the staff of any of these officials who works for a state agency for which the Real Party in Interest is registered to influence, and such expenditures were not reported by an Executive Agency Lobbyist or Employer, provide the following information regarding such expenditures:

Name of Official, Employee or Staff Member of Official	Describe type of Expenditure (Transportation, Lodging, or Meals, etc.) and provide a description of each Meeting, Event or Occasion to which the Expenditure pertains.	Date of Expenditure	Amount of Expenditure
			\$
			\$
			\$
			\$
		<b>TOTAL</b>	\$

(If none, check here [ ] )

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Any Real Party in Interest employing an Executive Agency Lobbyist who is required to complete Section C shall deliver a copy of the expenditure statement, or that portion showing the expenditure to the person identified as receiving the benefit of the expenditure, at least ten (10) days before this statement is filed. If a dispute arises, the disputed expenditure does not have to be reported until a final decision by the Commission.

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## D. FINANCIAL TRANSACTIONS INVOLVING REAL PARTY IN INTEREST

If the Real Party in Interest, or a member of the Real Party in Interest's immediate family, had, during the reporting period, a financial transaction with, or for the benefit of, an elected executive official, the Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or any member of the staff of any of the officials above, and such financial transaction is not reported by an Executive Agency Lobbyist or Employer, provide the following information regarding such financial transaction:

1. Name of official, employee or staff member: \_\_\_\_\_
2. Brief description of the purpose and nature of the transaction:  
\_\_\_\_\_  
\_\_\_\_\_
3. Date transaction made or entered into: \_\_\_\_\_
4. Other pertinent details: \_\_\_\_\_  
\_\_\_\_\_

(Attach sheet for each additional official, employee, or staff member.)  
(If none, check here ☐)

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Any Real Party in Interest who is required to disclose a financial transaction described in Section D shall deliver a copy of the financial transaction statement to the person identified in Section D above, at least ten (10) days before this statement is filed. If a dispute arises, the disputed financial transaction does not have to be reported until a final decision by the Commission.

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## E. REGISTRATION FEE

**Each Real Party in Interest shall pay a registration fee of \$125.00 with the filing of the Updated Registration Statement for this reporting period pursuant to KRS 11A.211(5). Failure to submit the \$125 registration fee will constitute a deficiency in the filing of an updated registration statement and will subject you to penalties outlined in KRS 11A.990(5).**

**CERTIFICATION:** I certify that the information contained in the registration statement is complete and accurate.

BY: \_\_\_\_\_  
*Signature of Real Party in Interest Contact* *Date*

\_\_\_\_\_  
*Type or print name and title of person signing for Real Party in Interest*

(Est.1/2007)

# UPDATED REGISTRATION STATEMENT EXECUTIVE AGENCY LOBBYIST/EMPLOYER “COMBINED”

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION  
Vest-Lindsey House, 401 Wapping Street  
Frankfort, Kentucky 40601  
(502) 564-7954 FAX (502) 564-2686

*This statement and a \$125 registration fee must be filed with the Executive Branch Ethics Commission by the last day of July. Please read instructions and review KRS 11A.211, 11A.216, and 11A.221 prior to filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. **ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.***

**Attention:** This form may only be completed by those who meet all of the following requirements:

1. There is only **one** executive agency lobbyist registered to represent the employer.
2. There is only **one** employer registered for the same lobbyist.
3. The lobbyist that is registered is also listed as the employer contact for the employer.
4. Both the employer and the lobbyist have no expenditures or financial transactions to report.

Executive Agency Lobbyists and Employers of Executive Agency Lobbyists who complete this form are not required to file separate *Updated Registration Statements*.

## A. GENERAL INFORMATION

1. Name of Executive Agency Lobbyist \_\_\_\_\_  
Executive Agency Lobbyist Registration Number \_\_\_\_\_  
Name of Employer \_\_\_\_\_
2. Based on your Initial Registration Statement or last Updated Registration Statement, state any changes in:  
Lobbyist Name \_\_\_\_\_  
Lobbyist Mailing Address \_\_\_\_\_  
Lobbyist Phone Number \_\_\_\_\_ E Mail Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Mailing Address \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

3. Type of Report:

☐ Regular Update Report for the period July 1 – June 30, 20 \_\_\_\_\_ (due July 31)

☐ Amended Statement for the period of: \_\_\_\_\_.

☐ Final Update Statement for the period July 1 – TERMINATION.

4. Termination: Do you continue to represent the Employer listed on this form as an executive agency lobbyist?

☐ YES

☐ NO

If no, please list the date you terminated your registration \_\_\_\_\_.

**B. EXECUTIVE AGENCY DECISIONS**

1. List the specific agency decisions you sought to influence for this Employer during this reporting period. Attach an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

2. Since your Initial Registration Statement or last Updated Registration, describe any additional types of executive agency decisions to which this engagement relates.

\_\_\_\_\_  
\_\_\_\_\_

3. State any additions to or deletions from the list of elected executive officials, departments or agencies for which you will be influencing agency decisions for this named employer.

\_\_\_\_\_  
\_\_\_\_\_

(If no changes, check here ☐ )

**C. REGISTRATION FEE**

**Each employer of one or more executive agency lobbyists shall pay a registration fee of \$125.00 with the filing of the Updated Registration Statement for this reporting period pursuant to KRS 11A.211(5). Failure to submit the \$125 registration fee will constitute a deficiency in the filing of an updated registration statement and will subject you to penalties outlined in KRS 11A.990(5)**

**CERTIFICATION:** I certify that the information contained in the registration statement is complete and accurate and that neither the lobbyist nor the employer have any expenditures or financial transactions for the reporting period listed on the face of this form.

\_\_\_\_\_  
Signature of Executive Agency Lobbyist/Employer Contact

\_\_\_\_\_  
Date

Commonwealth of Kentucky  
EXECUTIVE BRANCH ETHICS COMMISSION

**TERMINATION NOTIFICATION  
AS  
EXECUTIVE AGENCY LOBBYIST**

**ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW  
AND SUBJECT TO FINES AND OTHER PENALTIES.**

**Executive Agency Lobbyist Number:** \_\_\_\_\_

I, \_\_\_\_\_, wish to inform you that I am no  
(Typed name)  
longer engaged to represent the employer and/or real party in interest named below, effective \_\_\_\_\_.  
(Date)

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Name of Real Party In Interest (if applicable)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Executive Agency Lobbyist Permanent Address:**

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
**Signature of Executive Agency Lobbyist**

\_\_\_\_\_  
**Date**

**Please Send Completed Form To:**

Executive Branch Ethics Commission  
Vest-Lindsey House  
401 Wapping Street  
Frankfort, Kentucky 40601

**REMEMBER: You must file a final Updated Registration Statement with the Termination Notification to report your activity from July 1 through your date of termination.**



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